

State Travel Management Program  
In-Active Travel Account  
Retention Authorization Request

|                                    |  |
|------------------------------------|--|
| <b>Date of Request</b>             |  |
| <b>Cardholder Name</b>             |  |
| <b>Cardholder Title</b>            |  |
| <b>Department Name</b>             |  |
| <b>Unit Name</b>                   |  |
| <b>Charging # (last 10 digits)</b> |  |

The reason I am requesting the travel account remain open is:

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If granted authority to have the In-Active Travel Account remain open, I agree to accept responsibility and will notify U.S. Bank and the State Travel Management Program if the card is lost or stolen.

| REQUESTOR         |                  |             |
|-------------------|------------------|-------------|
|                   |                  |             |
| <b>Print Name</b> | <b>Signature</b> | <b>Date</b> |

**Travel Compliance Designee:** Authorizes the above referenced individual to have their Inactive Travel Account remain open and will provide oversight on this account.

| TRAVEL COMPLIANCE DESIGNEE APPROVAL |                  |             |
|-------------------------------------|------------------|-------------|
|                                     |                  |             |
| <b>Print Name</b>                   | <b>Signature</b> | <b>Date</b> |

After signed, please send to:

State Travel Management Program  
Division of Central Services  
Attn: Lenora Kingston  
663 17<sup>th</sup> Street, Ste 1580  
Denver, CO. 80202  
Fax: 303-866-4233